

3528 U.S. PTO  
09/495186



514	44
Class	Subclass
ISSUE CLASSIFICATION	

BEST AVAILABLE COPY

PATENT NUMBER

U.S. UTILITY Patent Application

ABANDONED

Q.I.P.E. <i>mw</i>	PATENT DATE
SCANNED <i>LA</i> Q.A. <i>AG</i>	

APPLICATION NO. 09/495186	CONT/PRIOR D	CLASS 514	SUBCLASS 44	ART UNIT 1523	EXAMINER Wilson, M.
------------------------------	-----------------	--------------	----------------	------------------	------------------------

John McMichael  
Michael Allen

TITLE: Treatment of symptoms of ~~asthma~~ and otitis media

PTO-2040  
12/99

ISSUING CLASSIFICATION

ORIGINAL		CROSS REFERENCE(S)					
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)				
514	44	514	2	47	50		
INTERNATIONAL CLASSIFICATION		536	22.1	23.1			
A61K	48/00	424	9.2				
A61K	31/70						
C07H	21/04						

☐ Continued on Issue Slip Inside File Jacket

<input checked="" type="checkbox"/> <b>TERMINAL DISCLAIMER</b>  <input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.  <input checked="" type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S. Patent. No. <u>6,100,244</u> <u>5,726,160</u>	<b>DRAWINGS</b> Sheets Drwg. <u>0</u> Figs. Drwg. <u>0</u> Print Fig. <u>0</u>			<b>CLAIMS ALLOWED</b> Total Claims <u>5</u> Print Claim for O.G. <u>1</u>	
	(Assistant Examiner) _____ (Date) _____  <b>MICHAEL C. WILSON</b> <b>PATENT EXAMINER</b>  <i>MW</i> 11-29-01 (Primary Examiner) (Date)			<b>NOTICE OF ALLOWANCE MAILED</b>   <b>ISSUE FEE</b> Amount Due _____ Date Paid _____	
<input type="checkbox"/> The terminal _____ months of this patent have been disclaimed.	<b>TRACEY D. JOHNSON</b> <b>PATENT ANALYST</b> <i>TJ</i> 12/1/01 (Legal Instruments Examiner) (Date)			<b>ISSUE BATCH NUMBER</b>	

Form PTO-436A  
(Rev. 6/99)

FILED WITH: ☐ DISK (CRF) ☐ FICHE ☐ CD-ROM  
(Attached in pocket on right inside flap)

Best Available Copy